

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

**CERTIFICATE OF AMENDMENT
BY LIQUIDATING TRUSTEES**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership)

Pursuant to [31 MRSA §422.5](#), the undersigned limited partnership executes and delivers the following amendment to the certificate of limited partnership prior to cancellation:

The name and business, residence or mailing address of each liquidating trustee is:

Name

Address

☐ Names and addresses of additional liquidating trustees are attached hereto as Exhibit ____, and made a part hereof.

DATED _____

Liquidating Trustee(s)*

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

For Liquidating Trustee(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by:

(1) all liquidating trustees OR

(2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**